Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

## UNITED STATES DISTRICT COURT

or the

Oninesprated District of Columbia

Spring 15D Division

David J. Bradley, Clerk of Court

Joshua Anthony Twohig SP. F and fliends and family Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

GOD

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)

### COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis,

The Parties to This Complaint						
Α.	The Plaintiff(s)					
	Provide the information below for needed.	each plaintiff named in the co	omplaint. Attach a	dditional pages		
	Name					
	All other names by which					
	you have been known:					
	ID Number					
	Current Institution					
	Address					
		0:		7: 0 /		
		City	State	Zip Code		
В.	The Defendant(s)					
	the person's job or title (if known) as individual capacity or official capa		ging this complain	nt against them is		
	the person's job or title (if known) as individual capacity or official capacity or Name  Job or Title (if known)  Shield Number  Employer	nd check whether you are brin	ging this complain	nt against them i		
	the person's job or title (if known) as individual capacity or official capacity or official capacity or official capacity or Name  Job or Title (if known)  Shield Number	nd check whether you are brin acity, or both. Attach addition	ging this complair	nt against them in		
	the person's job or title (if known) as individual capacity or official capacity or Name  Job or Title (if known)  Shield Number  Employer	nd check whether you are brin acity, or both. Attach addition	ging this complair al pages if needed	at against them in a second se		
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	the person's job or title (if known) as individual capacity or official capacity.  Defendant No. 1  Name  Job or Title (if known)  Shield Number  Employer  Address  Defendant No. 2  Name	nd check whether you are brin acity, or both. Attach addition	ging this complair al pages if needed	at against them in a second se		
	the person's job or title (if known) as individual capacity or official capacity.  Defendant No. 1  Name  Job or Title (if known)  Defendant No. 2  Name  Job or Title (if known)	nd check whether you are brin acity, or both. Attach addition	ging this complair al pages if needed	at against them in a second se		
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	the person's job or title (if known) as individual capacity or official capacity.  Defendant No. 1  Name Job or Title (if known)  Shield Number  Job or Title (if known)  Shield Number  Employer	nd check whether you are brin acity, or both. Attach addition	ging this complair al pages if needed	at against them in a second se		

Page 2 of 11

		Defendant No. 3			
		Name			<del></del>
		Job or Title (if known)			
		Shield Number		· · · · · · · · · · · · · · · · · · ·	
		Employe <b>r</b>			
		Address	**************************************		
			City	State Zip	o Code
			Individual capacity	Official capacity	
		Defendant No. 4			
		Name			
		Job or Title (if known)			
		Shield Number			
		Employer			
		Address			
			City	State Zij	o Code
			_	<del></del>	Coue
			Individual capacity	Official capacity	
•	Basis	for Jurisdiction			
	immu <i>Feder</i>	· 42 U.S.C. § 1983, you may sue stanities secured by the Constitution a al Bureau of Narcotics, 403 U.S. 3 tutional rights.	nd [federal laws]." Under Bive	ens v. Six Unknown Named 2	Agents of
	Α.	Are you bringing suit against (ch	eck all that apply):		
		Federal officials (a Bivens of	elaim)		
		State or local officials (a §	1983 claim)		,
	В.	Section 1983 allows claims alleg the Constitution and [federal law federal constitutional or statutor	/s]." 42 U.S.C. § 1983. If you	are suing under section 198	3, what
		•			
	C.	Plaintiffs suing under <i>Bivens</i> ma	y only recover for the violation	of certain constitutional rig	ghts. If you
	-,	are suing under <i>Bivens</i> , what cor officials?			

Pro Se	14 (Rev. 12	/16) Complaint for Violation of Civil Rights (Prisoner)
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	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
III.	Priso	ner Status
	Indica	ate whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	Stater	nent of Claim
	alleged further any ca	is briefly as possible the facts of your case. Describe how each defendant was personally involved in the discount word with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
	Α.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
	В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.

C.	What date and approximate time did the events giving rise to your claim(s) occur?
D.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did wha Was anyone else involved? Who else saw what happened?)
Injurie	
If you s	sustained injuries related to the events alleged above, describe your injuries and state what medical nt, if any, you required and did or did not receive.
If you s	sustained injuries related to the events alleged above, describe your injuries and state what medical
If you s	sustained injuries related to the events alleged above, describe your injuries and state what medical
If you streatme	sustained injuries related to the events alleged above, describe your injuries and state what medical nt, if any, you required and did or did not receive.
If you streatme	rustained injuries related to the events alleged above, describe your injuries and state what medical nt, if any, you required and did or did not receive.  The state of the events alleged above, describe your injuries and state what medical nt, if any, you required and did or did not receive.  The state of the events alleged above, describe your injuries and state what medical nt, if any, you required and did or did not receive.
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Page 5 of 11

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)
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### VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
Yes
☐ No
If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance
procedure?
Yes
□ No
Do not know
Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
Yes
☐ No
Do not know

Page 6 of 11

Pro Se 14 (Rev. 12/	2/16) Complaint for Violation of Civil Rights (Prisoner)			
D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?  Yes  No  If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?  Yes			
	∐ No			
E.	If you did file a grievance:  1. Where did you file the grievance?			
	2. What did you claim in your grievance?			
	3. What was the result, if any?			
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)			

Pro Se I	4 (Rev. 12/1	6) Complaint for Violation of Civil Rights (Prisoner)
	F.	If you did not file a grievance:  1. If there are any reasons why you did not file a grievance, state them here:
		<ol> <li>If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:</li> </ol>
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
VIII.	Previou	(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
	the filin brought malicion	ree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying ge fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, us, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
		pest of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	☐ Ye	
	If yes, s	tate which court dismissed your case, when this occurred, and attach a copy of the order if possible.

nore than one lawsuit, describe the additional lawsuits on another page, using the same format.)  1. Parties to the previous lawsuit Plaintiff(s) Defendant(s)  2. Court (if federal court, name the district; if state court, name the county and State)  3. Docket or index number  4. Name of Judge assigned to your case  5. Approximate date of filling lawsuit  6. Is the case still pending?  Yes  No  If no, give the approximate date of disposition.  7. What was the result of the case? (For example: Was the case dismissed? Was judgment enterin your favor? Was the case appealed?)	14 (Rev. 1	2/16) Complaint for Violation of Civil Rights (Prisoner)
B. If your answer to A is yes, describe each lawsuit by answering questions I through 7 below. (If the more than one lawsuit, describe the additional lawsuits on another page, using the same format.)  1. Parties to the previous lawsuit Plaintiff(s)    Defendant(s)  2. Court (If federal court, name the district; if state court, name the county and State)  3. Docket or index number  4. Name of Judge assigned to your case  5. Approximate date of filing lawsuit  6. Is the case still pending?	A.	
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<ol> <li>Court (if federal court, name the district; if state court, name the county and State)</li> <li>Docket or index number</li> <li>Name of Judge assigned to your case</li> <li>Approximate date of filing lawsuit</li> <li>Is the case still pending?         Yes         No         If no, give the approximate date of disposition.     </li> <li>What was the result of the case? (For example: Was the case dismissed? Was judgment enterin your favor? Was the case appealed?)</li> </ol>		Plaintiff(s)
<ul> <li>3. Docket or index number</li> <li>4. Name of Judge assigned to your case</li> <li>5. Approximate date of filing lawsuit</li> <li>6. Is the case still pending?  Yes  No  If no, give the approximate date of disposition.</li> <li>7. What was the result of the case? (For example: Was the case dismissed? Was judgment enterin your favor? Was the case appealed?)</li> </ul>		Defendant(s)
<ul> <li>4. Name of Judge assigned to your case</li> <li>5. Approximate date of filing lawsuit</li> <li>6. Is the case still pending?  Yes  No  If no, give the approximate date of disposition.</li> <li>7. What was the result of the case? (For example: Was the case dismissed? Was judgment ento in your favor? Was the case appealed?)</li> </ul>		2. Court (if federal court, name the district; if state court, name the county and State)
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in your favor? Was the case appealed?)		11 no, give the approximate date of disposition.
		, and the same of
c. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your	C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your

### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:	bOarts _		
Signature of Plaintiff	, (/	<u> </u>	
Printed Name of Plaintiff		<del>, , , , , , , , , , , , , , , , , , , </del>	
Prison Identification #		1/1/2	
Prison Address		` `	·
	City	State	Zip Code
For Attorneys		`	
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number			
Name of Law Firm			
Address			
	City	State	Zip Code
	City	State	Zip Code

Page 11 of 11

Houston Division

# ADDRESS, HOURS, SECURITY and ELECTRONIC DEVICE POLICY

# Location:

United States Courthouse 515 Rusk Avenue Houston, TX 77002

# Correspondence:

David J. Bradley Clerk of Court P. O. Box 61010 Houston, TX 77208

HARRIS COUNTY SHERIFF'S OFFICE JAIL

Cell: JA09 SPN: 0259280 Beaking \$31075 Name: Mr. Two his

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02 4W 0000334684 OCT. 29. 2018

Street U.S.C. SIS RUSK

HOUSTON, TEXAS 77002

David J. Dragiey Clerk of Court P.O. Box 61010

NDIGENT pavid J. Bradley, Clerk of Court Houston, TK 77808